



# Hopeful Horizons

An Adoption, Foster and Orphan Care Ministry

## ADOPTIVE FAMILY FINANCIAL ASSISTANCE APPLICATION

The Hopeful Horizons Adoption Assistance Fund is available to families who have been members of Amherst Baptist Church for at least two years prior to this application. Also, only those applicants who have completed their homestudy for adoption will be considered. Applicants should deliver their completed applications to Wendy Beebe or Dan DiFrancesco.

### I. GENERAL INFORMATION

Please provide your contact information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse Name \_\_\_\_\_ Grant Application Date (today's date): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Are you adopting through an official 501 (c)(3) placement agency? \_\_\_\_\_

Are you adopting through a local adoption attorney? \_\_\_\_\_

Date home study was satisfactorily completed: \_\_\_\_\_

## II. CHURCH INFORMATION

How long have you (and your spouse if applicable) been members of Amherst Baptist Church?

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## III. FINANCIAL INFORMATION

Comments/Special financial circumstances to be considered:

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What is your estimated total adoption expense? \_\_\_\_\_

What is your remaining balance? \_\_\_\_\_

Have you received/do you expect to receive any additional funds in the form of gifts or grants (please explain)?

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## IV. AGENCY AND ADOPTEE INFORMATION

Adoption Agency Name or Attorney Name \_\_\_\_\_

Agency/Attorney Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency/Attorney Phone \_\_\_\_\_

Caseworker's Name \_\_\_\_\_ Caseworker's Business Phone \_\_\_\_\_

Caseworker e-mail address \_\_\_\_\_

*We realize that you may not yet have answers to the following questions. If you do not yet know an answer, simply leave the field blank--this will not impact your application. However, we ask that you do fill in the final box below to provide us with some information about your inspiration for adopting.*

Adoptee's First Name \_\_\_\_\_

Adoptee's Last Name \_\_\_\_\_

Adoptee's Birthdate \_\_\_\_\_

Adoptee's Country of Origin \_\_\_\_\_

Expected Placement Date \_\_\_\_\_

*Additional Information:*

Are there any additional needs/special considerations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What has inspired you to build your family through the miracle of adoption? \_\_\_\_\_  
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\_\_\_\_\_  
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